Please read instructions on reverse before completing	a form.	Form	n Approv	ved. OMB No. 20			
United States Environmental Protection Agency				Registration	ion OPP Identifier Number		
				Amendme	nt		
Washington, DC 20460		, ,	\checkmark	Other			
Application for Pesticide - Section I							
1. Company/Product Number 2. EPA Product Manager 3. Proposed Classification							
83529-169		Erik Kraft			0. 1.00	Jooda Glaco	mounom
					Į.		
4. Company/Product (Name)		PM#			☑ N	one \square	Restricted
Sharda USA LLC / Sharda Imazapic 23.6% SL II;		24					
ABN: Propose							
5. Name and Address of Applicant (Include Zip	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling						
Sharda USA LLC	to:						
c/o Wagner Regulatory Associates, Inc.	EPA Reg. No.						
P.O. Box 640, Hockessin, DE 19707	Product Name:						
☐ Check if this is a new address Section - II							
Amendment - Explain below.	Secti		nd lahala	s in response to			
 		Agency let	ter dated				
Resubmission in response to Agency letter of	"Me Too" A	Application	on.				
Notification - Explain below.		Other - Exp	plain bel	ow.			
Explanation: Use additional page(s) if necessary. (For Section I and Section II.) Notification to add new formula as alternate #1 CSF. New technical active ingredient producer. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA. Section - III							
1. Material This Product Will Be Packaged Ir	1:						
Child-Resistant Packaging Unit Packaging	Wat	er Soluble Packa	ging	2. Type of C	ontainer		
Yes* Yes		Yes			∕letal		
X No X No		X No		X	Plastic		
If "Yes"	No. per If "Ye	es" No.	. per		Glass		
* Certification must Unit Packaging w	gt. container Pack	age wgt cor	ntainer		Paper		
be submitted					Other (Sp	ecify) HDPE	E lined bags
Location of Net Contents Information	4. Size(s) Reta	il Container	5.	Location of La	abel Direc	ctions	
X Label Container	allons, bulk	- -	X On Lab				
		anono, ban	İ			ompanying	product
C. Manner in Which Label is Affived to Draduct.							
6. Manner in Which Label is Affixed to Product X Paper glued Stenciled							
Section - IV							
Contact Point (Complete items directly below			ontacted	d, if necessary.	to proce.	ss this appli	cation.)
Name Title			Tele	ephone No. (Ind	clude Are	a Code)	
Victoria Kuhnel Agent for Sharda USA LLC (302) 635-7283				,			om)
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete.					Receiv	pplication ed	
I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both				ment or both			
under applicable law.					(Stamped	1)	
2. Signature 3. Title Agent for Share							
		da USA LLC					
4. Typed Name 5. Date				$\neg \neg$			
Victoria Kuhnel	December 8, 2	2021					

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